

Dr. Pomerantz To Join Health Department Selection Team

Dr. Andrew Pomerantz, chief of psychiatry for the White River Junction Veterans Administration Medical Center, has agreed to advise the Health Department team that will participate with the Department of Buildings and General Services (BGS) in recommending an architect for preliminary work on the new inpatient psychiatric service. Pomerantz led a team that reviewed Vermont State Hospital and made recommendations after decertification by the federal Centers for Medicare & Medicaid Services (CMS) early this year. As announced last week, Anne Donahue also will advise the team. The outcome of the process will be a recommendation to the BGS Commissioner, who will make the final selection.

Inpatient Meeting on November 1

The Futures Inpatient work group will meet on Tuesday, Nov. 1, 4:30-6:30 p.m. at the Howard Center's administrative office in Burlington. On the agenda: 1) input on an actuarial services RFP (request for proposals) draft, and 2) identification and development of criteria to guide evaluation of proposed inpatient partners and sites.

Sub Acute Workgroup Reviews VSH Population

Program developers for proposed sub acute rehab facilities in Vergennes and the Northeast Kingdom met Wednesday to review Vermont State Hospital patient profiles to identify patients that might be appropriate candidates for the planned facilities. The group's goal is to develop programs that fit the specific needs to the state hospital population, taking the planning out of the theoretical realm and grounding it in demonstrable need. The work group also wants to be sure that program developers and hospital staff are using common descriptive language to describe how needs will be met by the new facilities.

Care Management Work Group Met This Morning

The Futures care management workgroup met this morning in Berlin, after this publication's deadline. Information about the meeting will be posted next week. Items on the agenda included a map of the current levels of care and geographical utilization of inpatient services in Vermont.

Futures To Consider Feedback on Legal Work Group

After considering feedback about the possibility of forming a legal work group, Futures Director Beth Tanzman will recommend an alternative at the next Futures Advisory Group meeting. Tanzman will recommend that: 1) legal issues relative to implementation of Futures' components be considered by the work groups dealing with those components, and 2) that over-arching legal issues, such as advance directives and substitute judgment, be dealt with by a special committee that reaches out beyond the Futures Initiative to include other Health Department staff and representatives from the Attorney General's Office and the Department of Disabilities, Aging and Independent Living.

Feedback on Architect Selection Criteria Forwarded to BGS

Futures Director Beth Tanzman has collected feedback from a dozen stakeholders regarding the criteria to be used to select an architect for preliminary work on the new inpatient psychiatric facility. The information has been passed on to the Department of Buildings and General Services (BGS). A synopsis of the feedback on the selection criterion:

BGS CRITERION 1: Experience: Has firm had experience with large sites? Has the firm been in business for a reasonable period of time? Has the firm had similar projects?

Additional considerations recommended by those giving feedback:

- Familiarity with the architectural design of psychiatric inpatient services including specialized features to maintain patient and staff safety. Familiarity with current and emerging trends in psychiatric inpatient programming.
- Recent experience in the rehabilitation of existing psychiatric inpatient programs and recent experience in the construction of new psychiatric inpatient services.
- Experience with on-going collaboration with external stakeholders in other complex projects.
- Demonstrated ability to integrate customer priorities into design plans.
- Experience developing state funded projects.

BGS CRITERION 2: Strength of Design Team: Does the team have a solid understanding of the technical aspects of the project? Has the team worked together before? Can this team produce drawings and documents within the desired time frame? Is the experience of the team members appropriate? Who will represent the consultants in the field?

Additional considerations recommended by those giving feedback:

- Track record of creatively resolving unique challenges within defined cost parameters.
- Ability to recognize when conventions need to be modified because a particular situation calls for a solution that is not formulaic.
- Demonstrated ability to develop practical designs.

BGS CRITERION 3: Ability to meet the tight schedule: Does the firm have sufficient staff and technical capability to produce program documents, site evaluations, and schematic designs within the allotted time frame? Is the firm already committed to significant projects, which may interfere with production on this project? What has been the firm's track record for maintaining A&E (Architecture and Engineering) schedules?

BGS CRITERION 4: Fee Structure: Is the aggregate fee reasonable yet competitive, is the hourly rate structure competitive? Are the various rates for specific tasks reasonable, complete and clear? The proposer should indicate how additional tasks could be handled beyond those proposed initially perhaps with unit prices. The proposer should also indicate what reimbursable expenses are and what rates would apply to those expenses.

BGS's 6-month Timeline for the Inpatient Project:

- 1) Receive proposals by November 9.
- 2) Award contract by December 1.
- 3) Develop program of space needs by January 31.
- 4) Evaluate sites by February 28.
- 5) Schematic design by April 14.
- 6) Develop budget by April 30.

Ad To Run for Futures' Position

The following text is scheduled to run in newspaper ads this weekend, advertising the new position of Senior Policy Advisor:

“Apply your leadership skills to a unique opportunity to transform Vermont’s mental health services system – the VSH Futures Project. The Futures Project will replace the current Vermont State Hospital with a new array of inpatient, community, and prevention services. Work closely with diverse stakeholders: community mental health and hospital CEOs, medical and clinical leaders, consumers, families, and advocates to design and implement a renewed system of care. You will synthesize research and stakeholder feedback into major policy documents to guide program development and spending. The role requires strong analytic and communication skills and will have extensive interaction with other state agencies, legislators, and special interest groups.”

Application information is available from the Vermont Department of Human Resources (<http://erecruit.per.state.vt.us/>).

Agency Re-designation Under Way in Lamoille

The departments of Health and of Disabilities, Aging and Independent Living (DAIL) are in the active phase of reviewing Lamoille County Mental Health Services for re-designation as the mental health and developmental services provider for that catchment area. Representatives from the Divisions of Mental Health and of Developmental Services met with Lamoille board members and the agency’s executive director this week at the agency’s annual meeting. Opportunities for public comment will be warned in the near future to round out the review processes. A designation report will be available to the Child, Adult, and Developmental Services state standing committees for review by late November.

Efforts Made To Provide Medicare Part D Information

Medicare Part D, the federal government’s new prescription drug coverage, will go into effect on January 1, 2006. Prescription Drug Plans (PDPs) approved by the Centers for Medicare and Medicaid Services (CMS) are now engaged in advertising campaigns in all states. Each state must have at least two Part D plans. In Vermont, 17 stand-alone organizations or sponsors are offering 44 Part D plans. In addition, two organizations are offering Medicare Advantage prescription drug plans in 10 of our 14 counties.

Vermonters who are currently covered by Medicare, as well as those who are covered by both Medicare and Medicaid, need to choose one of these PDPs and enroll between November 15 and December 31, 2005, in order to avoid a lapse in coverage. The full initial enrollment period extends from November 15, 2005, until May 15, 2006. Enrollment is voluntary. For citizens who are eligible but choose not to enroll in a PDP until later, however, a penalty of 1 percent per month of eligibility without coverage will be applied to future premium payments.

The Health Department is collaborating with other state agencies to assure wide dissemination of information about Part D, eligibility, enrollment requirements, timelines and important dates, and other Part D essentials. Each of Vermont's 10 designated agencies has staff assigned as Part D contacts to act as resource people for both clients and staff, with the aim of helping to assure the smoothest possible implementation of Part D. Direct caregivers at the designated agencies will be crucial in providing outreach and other support for clients who want assistance with understanding the various prescription drug plans and choosing one that will meet their needs.

Of 3,145 clients assigned to Community Rehabilitation and Treatment programs for adults with severe mental illness in Fiscal Year 2005, for example, about half—or 1,614—will be eligible for Part D. A conservative estimate of the number of clients in all public mental-health programs who will be eligible for Part D and may want assistance in making their choice of PDPs is between 3,500 and 4,000.

VSH Asbestos Work Completed

Asbestos removal work at Vermont State Hospital was completed last week and the affected area has had a visual inspection and air quality clearance by an independent, third-party, licensed asbestos consultant, pursuant to the requirements of the Vermont Regulations for Asbestos Control.

FAHC Providing Quality Management Assistance to VSH

Scott Perry, RN has joined the Vermont State Hospital's Quality Management team for three to four days per week as a consultant in the hospital's clinical services areas. Perry brings a wealth of in-house experience from Fletcher Allen Health Care's inpatient psychiatric services and will assist Vermont State Hospital in further developing clinical services tracking, monitoring, and reporting systems. Perry's expertise is being made available under the Fletcher Allen contract while the Health Department continues recruitment efforts for a permanent Quality and Risk Management Chief for the hospital.

VSH Census

The Vermont State Hospital census was 46 as of midnight Thursday night. The average census for the past 45 days was slightly more than 47.

If you are reading a print version of this Update, you may find the web version at
www.healthyvermonters.info/mh/mhindex.shtml